



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/16/2005

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYR000135319
INSTALLATION NAME:	CHEVRON #304207
INSTALLATION ADDRESS :	16 BRIDGEWATER ST BROOKLYN, NY 11222-3604
MAILING ADDRESS :	PO BOX 6004 SAN RAMON, CA 94583

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: CHEVRON #304207
or Current Occupant
ATTN: KATHY NORRIS
PO BOX 6004
SAN RAMON, CA 94583**

DHL GYP
VIA VOICE MAIL
11/10/05
CBL

OMB#: 2050-0028 Expires 1/31/2006

CMA

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.		United States Environmental Protection Agency		2005 OCT 31 PM 4:31 RCRA PROGRAM	
RCRA SUBTITLE C SITE IDENTIFICATION FORM					
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY		Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report			
2. Site EPA ID Number (page 14)		EPA ID Number <u>NYR 000 135 329</u>			
3. Site Name (page 14)		Name: <u>Chevron 304207</u>			
4. Site Location Information (page 14)		Street Address: <u>16 Bridgewater St</u>			
		City, Town, or Village: <u>Brooklyn</u>		State: <u>NY</u>	
		County Name: <u>Brooklyn</u>		Zip Code: <u>11222 3604</u>	
5. Site Land Type (page 14)		Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)		A. <u>562910</u>		B.	
		C.		D.	
7. Site Mailing Address (page 15)		Street or P. O. Box: <u>PO Box 6004</u>			
		City, Town, or Village: <u>San Ramon</u>			
		State: <u>CA</u>			
		Country: <u>USA</u>		Zip Code: <u>94583</u>	
8. Site Contact Person (page 15)		First Name: <u>Kathy</u>		MI: <u>L</u>	Last Name: <u>Norris</u>
		Phone Number: <u>925 842-5931</u>		Email address:	
9. Operator and Legal Owner of the Site (pages 15 and 16)		A. Name of Site's Operator: <u>Chevron USA Inc</u>		Date Became Operator (mm/dd/yyyy): <u>11/1/68</u>	
		Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
		B. Name of Site's Legal Owner: <u>Chevron USA Inc</u>		Date Became Owner (mm/dd/yyyy): <u>11/1/68</u>	
		Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

Address verified

Call

EPA ID NO: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

OMB#: 2050-0028 Expires 1/31/2006

9. Legal Owner (Continued) Address	Street or P. O. Box:	PO Box 6004	
	City, Town, or Village:	San Ramon	
	State:	CA	
	Country:	USA	Zip Code:

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

☒ ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☐ d. United States Importer of Hazardous Waste☐ ☐ e. Mixed Waste (hazardous and radioactive) Generator☐ ☐ 2. Transporter of Hazardous Waste☐ ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note:

A hazardous waste permit is required for this activity.

☐ ☐ 4. Recycler of Hazardous Waste (at your site)☐ ☐ 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark each that applies.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

☐ ☐ 6. Underground Injection Control

B. Universal Waste Activities

- ☐ ☐ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

☐ ☐ 1. Used Oil Transporter

If "Yes", mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

☐ ☐ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

☐ ☐ 3. Off-Specification Used Oil Burner☐ ☐ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Kathy U.	KATHY NORRIS WASTE TRACKING TEC	10/28/0